



Fermilab
ES&H Section

INDUSTRIAL HYGIENE SAMPLING NOTES FORM

January 11, 1995

OBJECTIVE

To provide a uniform method of gathering industrial hygiene sampling information.

EQUIPMENT

- IH Sampling Notes Form

PROCEDURE

The IH Sampling Form must be filled out completely in order to fully document exposure measurements. Forms and samples needing laboratory analysis must be forwarded to the ES&H Section, H&S Group. Forms missing relevant information will be sent back and the samples will not be processed until all necessary information is received.

1. **SAMPLE#** should contain the following information:

	93	02	11	MH	01
YEAR	_____	_____	_____	_____	_____
MONTH	_____	_____	_____	_____	_____
DATE	_____	_____	_____	_____	_____
SURVEYOR'S INITIALS	_____	_____	_____	_____	_____
SEQUENCE NUMBER	_____	_____	_____	_____	_____

2. **SAMPLED BY:** - Person performing sampling (print and sign name).
3. **REPORT COPIES TO:** List who should receive the final report, and their mail stop. The person conducting the sampling, the medical office, and all those employees for which this is a representative sample will automatically receive a copy.

4. **AGENT SAMPLED** - Description of the agent (s) which is being sampled.
5. **SAMPLE COLLECTION MEDIA** - If a collection media was used, indicate what kind (for example a mixed cellulose ester fiber filter, PVC filter, etc.). For wipe samples, indicate type of filter used. For example, if used filter supplied by the NATLSCO lab, indicate "NATLSCO supplied filter".
6. **LOCATION AND LOCATION CODE**: Provide the location name and code for the area where the sample is being taken.
7. **SAMPLE TYPE** - Indicate if the sample is a personal, area, bulk, or wipe sample.
8. **PERSONAL/OTHER**: Provide either the name and ID# and Div/Sec for personal samples or detailed description of exactly where the area, wipe, or bulk sample was taken. Diagrams or photos should used whenever possible.
9. **DESCRIBE ACTIVITIES / CONDITIONS**: Describe the activities which are being sampled. Be as detailed as possible, so that someone unfamiliar with the operation could understand what was going on.
10. **PPE OR OTHER CONTROLS**: List any PPE, local exhaust ventilation, or other controls used to reduce exposure.
11. **TIME ON**: Indicate the time the sample was taken (direct reading instruments) or the time sample collection began. Use military time.
12. **TIME OFF**: Indicate the time sample collection ended. Use military time.
13. **TOTAL TIME**: Indicate the total sample collection time (hours or minutes).
14. **NOTES AND RESULTS**: Indicate either the result from direct sampling instruments and/or any pertinent comments including temperature and pressure conditions during sampling and for personal samples, if the employee exposure time is different from the sampling time period.
15. **REPRESENTATIVE SAMPLING FOR**: If the sample is representative of the exposure of other employees who perform similar tasks, list their names and ID#s. A listing may be attached to the form.
16. **EQUIPMENT**: Name of equipment used.
17. **MFG**: Manufacturer of the equipment.
18. **MODEL #**: Model number of the equipment.
19. **SERIAL #**: Serial number of the equipment.

20. **MFG. CAL. DUE:** Indicate when the instrument is due for calibration by either IMAC or the manufacturer.
21. **FIELD CAL BY:** Signature of person(s) performing calibration of both pre and post calibration.
22. **DATE OF FIELD CAL:** Date of pre and post calibration.
23. **TEMP AND PRESSURE:** Indicate the T&P of calibration (if applicable)
24. **CAL DEVICE USED AND CAL DUE DATE:** Indicate the device use for field calibration. Include make, model #, serial #, and when the equipment is due for calibration.
25. **FIELD CAL. RESULTS:** Pre and post calibration results (i.e. for SLM - 110dBA at 1000 Hz).
26. **AVERAGE FLOW RATE:** Show how the average flow rate was calculated. Person doing calculation.
27. **TOTAL AIR SAMPLE VOLUME:** Indicate how the total air sample volume was calculated.
28. **TIME WEIGHTED AVERAGE:** Indicate how the time weighted average was calculated.
29. **CHAIN OF CUSTODY** - This section needs your signature, time and date samples left in ES&H Section for shipment to the lab.